

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43163 (7)**
1. Corporation Name
RIDGE ACRES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 1050, EAGLE LAKE FL 33839, US
Mailing Address: P.O. BOX 1050, EAGLELAKE FL 33839, US

3. Date Incorporated or Qualified: **04/25/1991**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 **P.O. Box 1050**, Suite, Apt. #, etc.:
22
City & State: 23 **Eagle Lake, FL**
Zip: 24 **33839** Country: 25 **USA**
2a. Mailing Address: 26 **P.O. Box 1050**, Suite, Apt. #, etc.:
27
City & State: 28 **EAGLELAKE, FL**
Zip: 29 **33839** Country: 30 **USA**

4. FEI Number: **59-3079232**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SECRET, SANDI
536 RIDGE ACRES DRIVE
WINTER HAVEN, 33880

10. Name and Address of New Registered Agent
81 Name: **KRISTINA MARIN**
82 Street Address (P.O. Box Number is Not Acceptable): **511 RIDGE ACRES DR**
83
84 City: **Winter Haven** FL 85 Zip Code: **33880**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **Kristina Marin** **KRISTINA MARIN** **DST.** **01-17-96**
Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TIDWELL, MICHAEL	
STREET ADDRESS	527 RIDGE ACRES DR.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MARIN, KRISTINA	
STREET ADDRESS	511 RIDGE ACRES DR.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SECRET, SANDI	
STREET ADDRESS	536 RIDGE ACRES DRIVE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	DIANE Lopez	
CITY - ST - ZIP	511 RIDGE ACRES DR	
CITY - ST - ZIP	Winter Haven, FL 33880	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kristina Marin** **KRISTINA MARIN** **DST.** **01-17-96** **324-8435**
Date Daytime Phone #

CR2E037 (12/95)